NIHR | Public Health Intervention Responsive Studies Teams

East Sussex Wellbeing and Employment Service (ESWE) Evaluation

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EXECUTIVE SUMMARY

Context:

This report examines the ESWE service (ESWE), a housing and wellbeing initiative aimed at addressing the complex needs of individuals facing homelessness. The service was launched in June 2021 as a response to the increasing homelessness crisis in the UK, which saw a 169% rise in rough sleeping between 2010 and 2022. ESWE, which evolved from a project piloting the role of Housing and Wellbeing Coordinators (WBCs), aims to fill the gaps in existing services by delivering a holistic and personalised approach to care, encompassing physical and mental health, social connectivity, and employability coaching.

Purpose of the research:

The primary objective of this research was to evaluate the effectiveness, fidelity, implementation, and economic value of the ESWE Service. The research sought to understand the impact of the service on customers' wellbeing, assess the use of behaviour change techniques by staff, and determine the service's overall cost-effectiveness. The evaluation was intended to inform future improvements to the service and provide insights into what works well and what needs to improve in order to ensure its sustainability.

Key findings:

Impact on wellbeing: The evaluation found that the ESWE service had a positive impact on customers' wellbeing, particularly in areas of mental and physical health, social isolation, lifestyle behaviours, and employability. Customers reported improvements in their ability to manage their wellbeing, with many citing the personalised support from WBCs as a key factor in their progress.

Implementation and delivery: The service demonstrated great adaptability to customer needs and the strategic co-location of WBCs with housing officers, seems to facilitate effective service delivery. However, the evaluation also identified areas for improvement, particularly in the consistency of goal setting and the need for more structured support for certain customers.

Economic evaluation: ESWE service demonstrated significant value for money, with costs per outcome unit falling within the expected thresholds for efficient services. The economic evaluation suggested that the service is both effective and economically viable.

Conclusion:

The ESWE Service is a valuable and effective initiative that addresses critical gaps in support for vulnerable populations. Its holistic and flexible approach has positively impacted customers' wellbeing and demonstrated economic viability. However, to maximise its potential and ensure long-term sustainability, the service should focus on enhancing structure, consistency in service delivery, and improving data collection methods. These adjustments will support the continued success and scalability of the service, contributing to better health and social outcomes for the community.

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CONTEXT

Existing evidence on 'homelessness' and societal context.

Homelessness is an umbrella term that varies by social, geographical, and cultural context. Within the UK specifically, homelessness is defined within the Government's Code of Guidance as a person having "no accommodation in the UK or elsewhere which is available for their occupation and which that person has a legal right to occupy" (Ministry of Housing, Communities and Local Government; 2018). Included within this definition are a range of potential forms of homelessness beyond rough sleeping. These include a lack of legal right to occupy accommodation, inability to secure entry into accommodation, or being at risk of domestic violence or abuse (Ministry of Housing, Communities and Local Government; 2018). Although the exact prevalence of homelessness can be difficult to estimate, 24 of the 28 European Union countries report increased homelessness over the last decade (European Social Policy Network, 2019). In the UK a 169% rise in the number of people sleeping rough was observed from 2010 to 2022 (UK Government, 2022a), with an estimated 2,900 people were sleeping rough across England alone (UK Government, 2022b).

Homelessness is a complex social and public health phenomenon. Poverty, poor physical and/or mental health, lack of educational and social support, experience of abuse and a history of

incarceration all contribute to increased risk of homelessness. Important bidirectional links exist between poor quality social environments, health behaviours, and health status for those experiencing poverty and homelessness (Watson, Crawley and Kane, 2016). Health outcomes for individuals who are homeless are significantly worse than those of the general public. In 2021 data from the Office for National Statistics (ONS, 2022) suggested that the mean age of death for men and women who are homeless was 45 years and 43 years, respectively in England and Wales (ONS, 2022). Data from a UK representative sample showed a majority (63%) of people experiencing homelessness had a long-term illness or disability, whilst 82% had previously received a mental health diagnosis (Homeless Link, 2022). Thus, many individuals who become homeless have multiple long-term health conditions.

Studies have demonstrated that beyond health outcomes, factors such as feeling safe, connected to others, and feeling included within society are key predictors of wellbeing in the homeless population (Thomas and Gray, 2012). Similarly, the CHIME framework for personal mental health recovery emphasises Connectedness, Hope, Identity, Meaning and Empowerment, which has been drawn on widely and can be used to inform understanding of mental health wellbeing more (Leamy et al., 2011). Qualitative data shows that engaging in social activities alongside retaining a sense of purpose are consistently linked to wellbeing in a recently housed population (Dunleavy et al., 2014). Whilst accommodation security is central to wellbeing, experiences of social isolation and exclusion also play key roles in the wellbeing of homeless individuals. Importantly, permanent supportive housing interventions do not appear to improve wider wellbeing factors such as psychiatric symptoms, substance use, income, or employment outcomes above those of usual social care services (Aubry et al., 2020).

In April 2018, the Homelessness Reduction Act 2017 came into effect, creating new requirements for local authorities to assess, prevent, and relieve homelessness. Although not everyone is provided with immediate access to accommodation, anyone who is eligible is entitled to access assistance and advice through their local authority. In addition, the Act introduced requirements for various public organisations across justice, defence, and health and care sectors to refer individuals who are homeless or at risk of becoming homeless to a local authority support team of their choosing (Wilson and Barton, 2019). Alongside this the Rough Sleeping Strategy was published in 2018 with the aim of eradicating rough sleeping by 2027 (Ministry of Housing, Communities and Local Government; 2018b). Although ensuring adequate provision of secure accommodation is integral to this strategy, the determinants of homelessness are complex and therefore require broader approaches to support general wellbeing in this population.

Marmot et al (2020) have documented that "since the 2010 Marmot Review reported on housing and health inequalities, research on the relationship between poor housing conditions and health has expanded". Adding to the evidence base on the relationship(s) between housing and wider determinants of health and wellbeing, the report documented people who are at risk of homelessness, or are homeless, are some of the most significant groups to experience poorer housing and health outcomes. They accompany "groups who often have the poorest health outcomes and face severe health inequalities" (Public Health England, 2020) which also includes those involved in sex work, vulnerable migrants, Gypsy, Roma and Traveller populations, and people who have been/and are service users in the criminal justice system.

Origins and context for the East Sussex Wellbeing and Employment Service (ESWE)

The East Sussex Wellbeing and Employment Service (ESWE) was initiated in June 2021 to provide individualised wellbeing support for people with various degrees of needs complexity, who are at risk of becoming homeless or having submitted a homelessness application to local housing authorities over the last 12 months. Emerging from a project that piloted the role of 'Housing and Wellbeing Coordinators' (WBCs), the service provides wellbeing coaching and support focused on customers' individualised needs relating to their wellbeing and housing status. The service is available for those who meet the following criteria:

- East Sussex Resident.
- Aged 18 years or older.
- Currently at risk of homelessness, homeless or has made a homeless application within the last 12 months.
- Wellbeing or employment-related support needs (low, medium and high).
- Have recourse to public funds.

A core aim of the service is to address the significant economic burden to health care and emergency and temporary accommodation within the housing services. The service is locally focussed but also grounded in wider county, regional and national contexts of policy developments and delivering services.

The service has **four principal objectives** dating back to its inception. These are to:

1. **Fill a gap in the provision of wellbeing support** using a holistic perspective to address people's wellbeing, housing and employment needs.
2. **Address the lack of wellbeing coaching support** to guide people at risk of or currently homeless throughout the system.
3. **Improve tailored case worker support.**
4. **Address the significant economic burden** to health care and emergency and temporary accommodation housing services.

To accomplish these objectives, the ESWE service provides support across **four pillars** of wellbeing and employment, providing reference points for WBCs when working with customers to set goals, as well as target outcome areas. These are:

1. Physical and mental health,
2. Social Isolation,
3. Lifestyle Behaviours,
4. Employability and upskilling.

Service development and evolution

Funding was secured for an initial two-year period to develop and test a pilot project of a 'holistic' approach to homelessness, health and skills and employment in East Sussex. Designing and developing ESWE took place amidst the COVID-19 pandemic and accompanying learning gained about the challenges of delivering practical support, as well as building and sustaining practitioner/service user relationships. The original three WBCs were funded through the ring-fenced East Sussex Public Health grant and recruited from One-You East Sussex. One-You East Sussex is fully funded by East Sussex County Council and provided by Thrive Tribe as a lifestyle service to help people to stop smoking, lose weight and be more physically active. They work in partnership with other leading wellbeing providers to provide targeted programmes, practical tools, and emotional support to individuals so they can improve their health and wellbeing.

Initially ESWE included an assessment of health (physical and mental health), well-being (lifestyle factors including diet, smoking, alcohol, exercise), skills and employment, and social connection. WBCs roles were initially developed to support customers to make healthy lifestyle changes in these areas. Motivational interviewing (MI) and behaviour change models are highlighted in ESWE reports as integral to the service, informed by the transtheoretical model of behaviour change (stages of change model), developed by Prochaska and DiClemente (1983).

MI, originally developed by Miller and Rollnick (1991), is a behaviour change technique used by practitioners and clinicians to guide communication with people contemplating behaviour change. Early applications included a focus on substance misuse (notably with alcohol) and smoking cessation. It has subsequently been applied in a range of settings, including child protection (Forrester et al, 2018). A central premise of MI is that a short-term intervention can influence significant behaviour change. Although there have been adaptations of the technique, it is broadly characterised as:

> *"A collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." (Miller and Rollnick, 2013).*

MI is characterised by four aspects of communication, summarised in the OARS mnemonic:

- Open questioning.
- Affirming.
- Reflective listening.
- Summarising.

These aspects are drawn on to enhance a person's motivation to change by exploring ambivalence in the WBC/customer interview setting and 'rolling with resistance', where the interviewer explores issues, customers are less ready to approach. A number of practical resources have been developed to clarify and inform MI best practice that includes the MI Treatment Integrity (MITI) Code. MITI has undergone several revisions and updates and is recognised as one of the most used fidelity measures for MI practice (Moyers et al., 2016).

Current service provision and structure

ESWE service outcomes are documented in annual performance reports which also capture current staff roles and service structure. At the time of creating the study protocol (2022), the service comprised of a team of four WBCs and one team leader. WBCs are co-located within each of the five East Sussex local authority housing needs teams situated in the districts and boroughs of East Sussex:

- Eastbourne Borough
- Hastings Borough
- Lewes District
- Rother District
- Wealden District

The service continues to be hosted by Eastbourne Borough Council and the WBC Lead reports directly to the senior specialist advisor for the new Homelessness Prevention Hub in Lewes District and Eastbourne Borough Council. At the time of this evaluation's completion, the service continued to have a team lead, but had expanded to six WBC posts, as detailed in The Annual Performance Report for 2023-2024. Expansion was to support county wide approach and enable earlier intervention/prevention activity and one of these posts was filled in August 2024. The co-location model in which WBCs and the wider ESWE services sit across the five districts and boroughs aims to provide a more streamlined, county wide service. The service continues to be partly funded by Public Health, and partly by Eastbourne Borough and Lewes District Councils.

Alongside providing tailored wellbeing coaching for customers, WBCs contribute to an integrated service by signposting and connecting people to existing services based on customers' wellbeing needs, to support opportunities to develop personal skills and employability. The initial pilot and service inception documents emphasised the use of MI techniques to develop a personalised

wellbeing plan (PWP) with the customer. The customer and the WBC agree and set specific SMART (Specific, Measurable, Accurate and Timely) goals, whilst overarchingly building a person's ability to manage their own wellbeing and needs.

This plan, which might also involve other partner organisations for further specialist support and is supported by the use of the Homelessness Outcome Star (HOS) to understand and track the customer's wellbeing journey. The HOS[1] is one of a suite of Star outcome measures that can be used to guide person-centred and holistic practitioner/customer key work, capturing a customer's status and issues, and measure 'distance travelled' with (potentially) multiple follow-ups after initial implementation2. Goal setting and the HOS ratings are developed with the customer. Depending on customer preferences and professional discretion of WBC, this can be a formal process and/or developed and documented through informal and open discussion in the early stages of the WBC/customer relationship. Target outcomes and goal setting can be planned and responsive, as well as adaptable over time.

Service change and local contextual considerations

At the study planning stage, the ESWE service was in its relative infancy and undergoing continued development. Between October 2022 and March 2023, a series of co-production stakeholder and co-production events between Local Authority, ESWE staff and wider stakeholders, including public contributors and the PHIRST-Light team, took place to develop the evaluation protocol. Given that the service was undergoing continued development and expansion, it was decided that the evaluation should be informed by a developmental approach.

Learning and Development Working Group (LDWG)

The LDWG was established to support the developmental process across the lifecycle of the study. Initially, the group engaged in regular discussions to refine the aims of the study and the service activities of interest. Further input was sought from the wider stakeholder group (including representatives from across the five districts and people with lived experience during three stakeholder events and series of meetings with members from the public advisory group (ESPAG). A core output of this collaborative work was the logic model which set out the inputs, resources, activities of interest, barriers and facilitators, and expected impacts of the ESWE service in the short, medium and long-term.

[1] Homelessness Star | Triangle (outcomesstar.org.uk)
[2] Hyperlink to HOS diagram - Annex

Following this, the LDWG would provide continued study support through the rapid assessment of, and planned responses to, service changes, whilst defining timelines. The group's aims included shaping research activity by providing insights into contextual information relating to service delivery.

East Sussex Public Advisory group (ESPAG)

The PHIRST Light research team are committed to ensuring public voices are included throughout the entirety of each evaluation, with an additional emphasis on capacity building for effective and inclusive public contribution within local authorities. Following the principles promoted by the National Institute for Health and Care Research (NIHR) on Patient and Public Involvement (PPI), the PHIRST-Light team sought to recruit and retain a project-specific PPI group to advise on, and assist with, the evaluation design and delivery. The East Sussex Public Advisory Group (ESPAG) was initially comprised of three service users with lived experience of homelessness, two charity representatives, three service providers and one community link worker. Nine members of the ESPAG provided perspectives on core facets of the evaluation, such as the research methodology and questions through to dissemination planning, ensuring the evaluation was relevant and accessible to service users and the wider public. ESPAG members participated in three stakeholder events between November 2022 and March 2023, allowing contribution to development of the logic model, research aims, objectives and methodology. ESPAG members provided document review support and helped develop topic guides for semi-structured interviews with customers (that included changes in language and recommending a pilot). As time progressed recruiting and retaining membership of ESPAG and the frequency of meetings became a challenge which also applied to the LDWG.

ESWE Service Logic Model

The initial service logic model was developed during the stakeholder sessions (November 2022-March 2023), allowing refinement of the service objectives and activities. The logic model sets out the inputs, resources, activities of interest, barriers and facilitators, and expected impacts of the ESWE service in the short, medium and long-term. The main amendments made through the evaluation process and resulting from interactions with stakeholders and ESPAG were:

- The identification of a wider range of barriers at the system and individual level and suitable activities the local authority needs to implement to overcome those barriers.
- A redefinition of the outputs as impacts in the short, mid-, and long term to capture the customer journey and the ever-changing environment of the local authority.
- Greater focus on addressing the needs of the customer and building capacity towards individual independence.

The logic model for the ESWE service can be found in Annex A.

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RESEARCH AIMS AND OBJECTIVES

This evaluation aimed to understand how the ESWE service is currently being delivered and the factors that impact its delivery. The LDWG and stakeholder consultations identified four key work packages for investigation: Effectiveness, implementation, fidelity, and an economic evaluation. The key research questions for each work package are detailed in Table 1:

Table 1. Component work package and research questions:

Work package	Research question
Effectiveness	What is the impact of the ESWE service on the customer's wellbeing? How is this service experienced by customers?
Fidelity	To what extent is MI and goal setting delivered during the coaching sessions?
Implementation	How is the service being delivered and what works well and what needs to improve?
Economic evaluation	Is the ESWE service value for money?

As the ESWE service sits across multiple organisations, it was important to understand the interactions between these settings and how this impacts service delivery. The original detailed study protocol was therefore informed by the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2022). The CFIR combines a selection of implementation theory constructs into a comprehensive theorical framework, spanning five domains:

1) The innovation,
2) The outer setting,
3) The inner setting,
4) The individuals involved
5) The implementation process.

The interaction between these domains provides a practical guide to systematically assess 'what works' or 'doesn't work', 'where and why'. The first domain focuses on the innovation (the service itself) being implemented within the context of the local authority. The inner and outer settings comprise the contexts where the implementation process occurs. Changes in the outer setting (local attitudes, i.e., sociocultural values and beliefs; or local conditions, e.g., economic, political, willingness to change; societal pressures etc) can influence implementation of the service and are typically mediated by the inner context (e.g., local authority's culture, resources, communication, engagement). The fourth domain provides constructs to assess the individuals (e.g., WBC, customers, stakeholders, leadership teams) and their roles in shaping behaviour change (i.e., capability, opportunity, and motivation).

Individuals can impact implementation in important ways, as they carry mindsets and opinions about the service (e.g., they might like it or not, see a benefit or not) and are influenced by interests or cultural norms and practices (Greenhalgh et al., 2004). Understanding how individuals interact with the ESWE service, and the role they play in behaviour change is key. Lastly, the implementation process domain provides an opportunity to explore the active change at the individual and local authority level. Individuals may become intervention champions (e.g., WBCs and customers with success stories), they may actively promote the implementation process. Local authorities may promote the changes themselves, through leadership, changes in culture, or activities strategies to change or adapt practices and processes. The implementation process might include a series of sub-processes, that happen over time at multiple levels within the organisation for an effective implementation.

Drawing from the CFIR framework, further subthemes and secondary research questions were identified to understand important implementation factors across the core themes.

Economic Analysis

To be value-for-money, health service interventions should be cost-effective. This involves evaluating the value of the outcomes achieved for patients/customers against the cost of the resources used during service provision.

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METHODS

Study Design

The methodology was originally designed to take a developmental approach, allowing service iterations to inform data collection over time. However, given the time delays outlined in the limitations section, we were unable to implement a complete developmental methodology within the evaluation's timeframe. Thus, the PHIRST-Light research team, in agreement with the LDWG, amended the methods to adopt a more pragmatic approach that would ensure: 1) Data was still captured for each of the identified primary research questions, and 2) The results remained useful for the local authority and stakeholders.

Consequently, this evaluation includes two methodological stages:

a) Initial developmental study design: the research team worked together with the LDWG and the ESPAG to co-produce the ESWE service logic model, primary and secondary research questions and data collection tools such as interview and focus group schedules informed by the CFIR framework.

b) Amended pragmatic study design: a mixed-methods data collection underpinned by CFIR was applied in a cross-sectional manner. The table below summarises the updated research questions and the methods used in this research.

Table 2. Methods used in the amended study design and primary and secondary research questions for each work package.

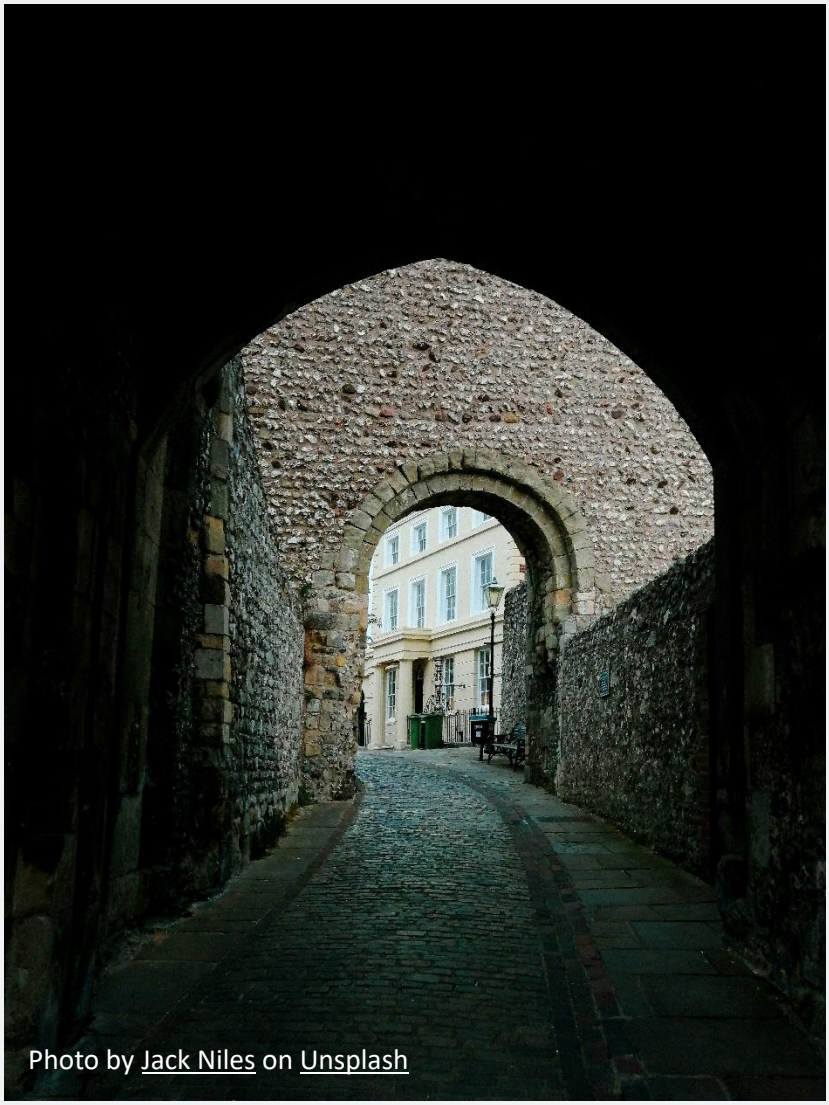
Work package	Primary research questions	Secondary research question	Key sources (Method)
Effectiveness	What is the impact of the ESWE service on customers wellbeing? How is this service experienced by customers?	Do customers know about the Homelessness Outcome Star (HOS)? and how do they feel it helps them achieve their goals?	Semi-structured interviews with customers Customer case study vignettes WBC focus group
		How do customers experience the goal-setting process? And do they have access to sufficient resources to meet their goals?	
		Do customers feel that this service increases their ability and confidence to find the support they need independently?	
Fidelity	To what extent behaviour change techniques are used during the coaching sessions? Have the staff received adequate training and ongoing support to implement them as intended?	How is MI delivered during the coaching sessions?	WBC focus group Semi-structured interviews with customers
		How do WBCs use goal setting techniques to support the customers' journey?	
Implementation	How is the service being delivered and what works well and what needs to improve?	To what extent is the service connected to supporting services and how easy is the referral process?	Semi-structured interviews with customers Meeting notes Researcher notes Document reviews Dissemination workshop
		To what extent is this service needed and does it fill a gap?	WBC focus group Customer SSIs

			Stakeholders focus group
		How supported do WBCs feel by LA and stakeholders to deliver the service? What needs to improve?	WBC focus group Stakeholder survey
		To what degree has the service been adopted as it was intended across the different districts?	Triangulation of all methods and secondary/performance data
		What resources do WBC have available to support their customers? What are the main resources needed from the WBC perspective for the service to be delivered effectively?	WBC focus group Customer SSIs
Economic evaluation	Is the ESWE Service value for money?	What is the average cost to the customer of the ESWE service? And how much does it benefit the customer?	Budget data 2023/2024 Secondary In Form data (Annual Performance Report 2023/2024) National baseline data
		What is the cost of the WBC according to their case load and their customers levels of need?	
		What is the cost of the service according to the number of service users?	
		What is the cost to the service of supporting customers with low, medium and high levels of need throughout their customer journey?	
		What are the costs and benefits to society of supporting customers improve their wellbeing measured in money terms?	

Setting and sampling strategy

This evaluation took place within the context of a LA and involved people: a) directly linked to the LA and ESWE service (such as WBCs, housing officers and customers) and b) people from multi-agency settings and third-party organisations, such as the Rough Sleeper Initiative and mental health services. Participants were recruited on voluntary basis. This evaluation took place Autumn 2022 and September 2024.

The following methods and assessment tools were used to facilitate data collection and were developed in collaboration with the ESPAG and LDWG.



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Data collection and measurement tools

Descriptive review

The review of the LA's Annual Performance Report (APR) 2023/2024 provided insight into customers demography and risk information. Data provided in the APR is aggregated and it is used to provide a snapshot of the service as a whole.

Online survey

This survey aimed to evaluate the perspectives of ESWE with a wider range of stakeholders. Data was captured through the JISC Online Surveys platform primarily using Likert scales, but also including open-ended questions. The survey was implemented using a snowball sampling approach in December 2023. A link to the survey was sent via Public Health at ESCC to members of the Homelessness, Health and Support Group with two further reminder emails sent to promote survey completion two weeks and four weeks post event. The Homelessness, Health and Support group is attended by representatives including those from Local Authorities, housing services, probation, health, emergency housing and Voluntary Community Social Enterprise and faith sector organisations.

Semi-structured interviews with customers

Semi-structured interviews were conducted with currently active or previously active customers. To recruit participants for the interviews, WBCs would approach customers directly to ask for consent to be contacted by a member of the research team. Once customers provided consent, Interviews were primarily offered via phone or online (via MS Teams); in-person interviews were also offered where access to technology was limited. Interviews were led by a researcher from the PHIRST-Light team. All interviews were audio recorded and transcribed verbatim. Template of the semi-structured interview topic guide was developed with ESPAG and piloted with one customer. This can be found in Annex B.

Semi-structured group interviews with WBCs

All 6 WBCs were invited to participate in a semi-structured focus group that took place online on the 19th December 2023. This session aimed to explore the WBCs perceptions of the core features of the service, including goal setting, the behaviour techniques and skills (including MI) used to support customers, the types of contact delivered, and whether there have been changes to the scope of their roles since the inception of the service. The focus group was conducted online via MS Teams by two members of the PHIRST-Light research team. The focus group was audio recorded and transcribed verbatim. The FG schedule can be found in Annex C.

Semi-structured group interview with wider ESWE stakeholders

Twelve Stakeholders were approached to participate in a stakeholder focus group. Their recruitment was facilitated by a senior member from the Lewes District & Eastbourne Borough Council. A voluntary sample of participants were recruited from the existing East Sussex Housing Officer Group (ESHOG). This focus group session aimed to explore their perceptions of the service and the landscape of delivering housing services (informed by county, district and borough level insights (interview guide can be found in Annex D). The focus group was conducted online via MS Teams by a member of the PHIRST-Light research team. The focus group was audio recorded and transcribed verbatim.

Additional supplementary data collection

Due to necessary modifications to the a-priori data collection plan, informal data collection methods to supplement the formal data collection were utilised to capture changes to the implementation environment for ESWE. These methods included: researcher notes, notes from meetings with stakeholders and WBCs, document reviews and feedback from the stakeholder workshop event. Collectively, the knowledge obtained through the application of these methods provided a fuller insight into implementation processes, barriers and facilitators to service implementation.

Stakeholder workshop – review and sense-checking interim findings

A presentation of findings workshop was held on 4th April 2024 to review and confirm interim findings with a wider audience of stakeholders. The recruitment strategy aimed to involve a wider audience of stakeholders who had not been reached successfully with the only survey. The workshop was promoted through the council's internal' channels and included core council staff involved in the delivery and oversight of the ESWE service, alongside partner and third sector organisations who work closely with ESWE were invited to participate in this event (this included NHS mental health practitioner and commissioners, probation service representatives, the VCSE and faith sector stakeholders and local authority staff in strategic and service delivery roles). A list of attendees by organisational membership can be found in Annex E. The workshop aimed to situate the main findings within the larger service network, to consolidate understanding about service delivery and ESWE's place within local and county service contexts and strategy. Therefore, the event was accompanied with opportunities to provide qualitative written data through an open-ended survey and Q and A sessions throughout the workshop to further understand:

1. If the stakeholders were aware of any other gaps in the implementation of the ESWE service,
2. Which could be the main strategies that could help improve the delivery of the ESWE service,
3. What kind of impact the ESWE service is making at the community and LA level, and
4. In what way the findings from the economic analysis can support the sustainability of the ESWE service.

Post-event feedback by email was encouraged. This feedback has been used to further support the qualitative data gathered from semi-structured interviews presented within this report.

Economic evaluation data

The economic evaluation aimed to provide workforce costings alongside the creation of economic indicators for the service. ESWE commenced on 7th June 2021 with the aim of providing a seamless county wide service across the 5 districts and boroughs of East Sussex. The Wellbeing and Employment Service is jointly funded by Public Health and Eastbourne and Lewes Councils. The team is hosted and overseen by Eastbourne Borough Council, and reports to the Senior Specialist Advisor. The economic evaluation was based on the following team structure:

- 1 x Team Leader
- 6 x wellbeing coordinators (1 vacancy filled in August 2024).

The staff costs were the largest and the majority of overall costs for the service. Although there is currently a vacant post, no costs were measured for this. Data from the 2023/24 Annual Performance Report (APR) to measure outcomes, and costings were based on the team structure during the first 12 months of the scheme. This data was summarized in the APR, which we used in our evaluation. As part of our outcomes analysis, we also reviewed customer scores on:

- **The Homelessness Outcomes Star (HOS):** The HOS is scored out of 10; 1 is a significant and debilitating issue, with 10 being no issues.
- **Goal achievement:** During their time in the service, customers set individual targets referred to as ‘goals’, which were categorized into the four service pillars of wellbeing. When a customer met a goal, this was marked as ‘achieved’.
- **Wellbeing measure:** Clients assessed their own wellbeing at the beginning and end of their work with the team by rating themselves against the four pillars. Each pillar can score a maximum of 10 points (with 10 being the highest sense of wellbeing), adding up to give a maximum possible score of 40.

Drawing from descriptive data in the Annual Performance Report (2023/2024) and corresponding financial year budget, we ascertained costs of providing the service, cost avoided (temporary housing) and unit measures relating to daily cost of providing the service per customer, cost per customer, cost per wellbeing unit, and cost per positive increment change in the HOS. Data on the HOS, wellbeing score and goal attainment were available through the *In-Form* case management system (access provided by council) and were used in an unmodified form during our analysis. In Form data from the report also logged the main reason for referral. The process mainly involves an email or documented referral to the Service. This details the predominant need that for the customer being referred.

Data analysis

Primary qualitative data analysis occurred with focus groups, interviews, researcher notes from meetings, document reviewing, survey data and workshop feedback. An inductive coding approach (i.e., data-driven) was implemented to enable researchers develop new learnings that would help better address primary and secondary research questions. The CFIR framework was used to map qualitative data to core questions and sub-questions identified in the four work packages of the study's protocol (Effectiveness, Implementation, Fidelity, and Economic). Results coded under the CFIR constructs were then mapped against the four (outcome) pillars of the ESWE service: 1) Mental and Physical Health, 2) Social Isolation, 3) Employability and Upskilling, and 4) Lifestyle Behaviours.

Elements of thematic analysis were applied to the analysis of qualitative data collected (for example Naeem et al, 2023). During the first phase of the analysis, two members of the research team (HB and LV) conducted a preliminary scan of the transcript data to identify key words and generate initial codes for data extraction aligning with the four service pillars. A similar approach was employed with the survey and feedback data. As data analysis progressed an Excel list of themes and sub-themes was developed, transcripts were analysed by one of the researchers and during this stage a 'critical friend' approach (Appleton, 2011) was adopted by the other researcher feeding into the process, reviewing both existing and further emergent themes. Pre-determined and emerging themes and sub-themes were analysed according to the CFIR constructs for each work package (Effectiveness, Implementation, Fidelity, and Economic) using guidance on data synthesis within the framework (Damschroder et al, 2022) . Key words for each of the themes are presented in bold throughout the results section. NVivo software (QSR International Ltd, Melbourne, Australia) was used to manage data throughout the analysis process.

Economic evaluation

Workforce cost data was constructed by taking team numbers from the ESWE Annual Performance Report 2023/2024 and multiplying them by the appropriate salaries for the various pay grades. Additionally, data on start-up and license costs (provided by ESWE) were included directly in the evaluation without modification. All cost data was collected by the local authority for a 12-month period from the project launch. Cost data were combined with the outcome measures to create economic indicators (outcome data was drawn in aggregate form from the Annual Performance Report 2023/2024 and was not modified from its presented format). We took a "commissioner perspective", which calculated costs of funding the service to Public Health and Eastbourne and Lewes Councils. In consequence, we only measured benefits that could be linked back to the service itself.

Avoided temporary housing cost is based on the assumption that 100% of customers who have closed their case with ESWE would have required temporary housing, thus averting this cost. This does not include additional cost savings based on other economic indicators, such as emergency attendance, as we were unable to quantify this however it is likely significant savings were made in these settings.

Triangulation

To best respond to the complexity of ESWE and strengthen the results of this evaluation, a multi-layered triangulation approach to data analysis was used. Triangulation of data aimed to enhance the a) validity of the findings and the b) credibility and trustworthiness of the results by incorporating multiple sources, perspectives and methods into the analysis. Therefore, triangulation was conducted at three different levels:

a) Data: data was collected from multiple sources throughout different stages of the evaluation to answer the primary and secondary research questions. These data sources included: customers, WBCs, stakeholders, LA reports.
b) Methods: a mixed-methods approach that included report reading, survey, interview and focus group, stakeholder events and APR data was used for each of the work packages.
c) Researcher: Two researchers (HB and LV) coded the data and reviewed results for consistency and third researcher (VVM) oversaw data mapping against the CFIR framework and the ESWE pillars to help reduce the risk of observer bias.

The combination of these three methods supported cross-verification of data findings from different angles, contributed to minimise discrepancies and reduced the likelihood of data bias. Ultimately, this multi-layer approach was used to provide a more robust and comprehensive understanding of:

1. The effectiveness of the service on customer's wellbeing,
2. What behaviour change techniques are used to support customer's wellbeing journey,
3. How the service is implemented and what works and doesn't work and
4. The cost-effectiveness of ESWE.

Triangulation results are integrated and woven together throughout the analysis to create a cohesive narrative for each of the work packages.

Research Ethics Committee Review

The study protocol gained favourable review from the University of Nottingham's Research Ethics Committee (Ethics Reference No: FMHS 293-0523 Date: version 1: 02 24.04.2023).

RESULTS

Findings are reported according to the four work packages: a) Effectiveness, b) Implementation, C) Fidelity and D) Economic evaluation. Themes have been aligned with the CFIR Domains and constructs. For the Effectiveness work package themes have been further mapped against the relevant ESWE service pillars. As our results draw on qualitative and quantitative methods data have been triangulated and are reported collectively.

Qualitative Results

For this research data was collected from:

1. Nine customer interviews
2. Two focus groups, one with six WBCs and one with eight stakeholders from the East Sussex Housing Officer Group (N=14).
3. One "Stakeholder workshop – review and sense-checking interim findings" with 30 stakeholders.

A concise summary of each of the work packages, its themes with a description and alignment with CFIR domains and constructs is presented in Table 3 Quotes from participants are used throughout the results section to illustrate the findings. Triangulated data have been presented collectively for each of the work packages.

Table 3. Qualitative results across each of the work packages and CFIR domains.

WORK PACKAGE & PRIMARY RESEARCH QUESTIONS	ESWE PILLARS	THEMES	DESCRIPTION	CFIR DOMAINS & constructs
EFFECTIVENESS **What is the impact of the ESWE service on customers wellbeing?** **How is this service experienced by customers?**	**Mental and physical health**	i. Enhanced customer capacity to cope and manage	Through the service, customers reported an enhanced capacity to cope with their daily lives and feel mentally better. This was facilitated by the WBC giving them support.	**INNOVATION OUTCOMES** Innovation recipient impact (building motivation and capability)
		ii. Intersectionality of PH and MH with housing and wellbeing	Customers now in accommodation feeling better physically and mentally. Mentally they're feeling reassured and less anxious about their housing situation.	
		iii. Confidence and empowerment	Customers felt more confident accessing support after engaging with the service. Rather than doing things for them, WBC's encouraged customers to do things for themselves.	
	Social isolation	i. Reducing Social Isolation	The customers perceived that the service allowed for a reduction in social isolation. WBC attempted to get customers back into the community to reduce social isolation and through their support, customers sought out connections.	
		ii. Reducing Stigma	Customers felt less stigmatized and judged in their situations as the WBC were able to normalise their situations and make them feel less alone.	
		iii. WBC openness as social connection	WBC were open with customers which facilitated their openness with WBCs.	
	Employability and upskilling	i. A phased and measured approach	The service took a phased and measured approach to employability and upskilling. WBC help customers prioritize and set goals for achieving tasks.	
		ii. Encouragement to change behavior	WBC encouraged customers to change behaviours in regard to employability.	

	Lifestyle behaviour	i. Sustaining Behaviour Change	Defining behaviour change and what is considered successful is hard. For some it is simply about sustaining positive behaviours rather than a complete overhaul in behaviour change.	
FIDELITY **To what extent behaviour change techniques are used during the coaching sessions?** **Have the staff received adequate training and ongoing support to implement them as intended?**	**Lifestyle behaviour**	i. Application of MI techniques to motivate behaviour change	WBC MI skills are applied with professional discretion to sustain or influence positive customer lifestyle behaviours. A defining element of the person-centeredness of the service.	**INDIVIDUALS** Implementation team members Team members characteristics based on the COM-B model
		ii. Identifying individualised needs and goal setting	WBC and customers undertake goal setting at initial contact, with the ability to review. HOS and PWP guide the process, but WBC communicate and apply these in a making every contact count approach, Goal setting is a significant enabler of positive lifestyle behaviours.	
IMPLEMENTATION **'How is the service being delivered and what works well and what needs to improve?**		i. Flexible delivery of a 'customer-centred' service	The flexibility in ESWE's service design and delivery allows it to proactively meet customer needs with practical and emotional support, setting it apart from other services in the county.	**INNER SETTING** Recipient-Centeredness
		ii. Connection, colocation and networking	The colocation of WBCs with LA Housing Officers improves the referral process, facilitating informal discussions about ESWE with customers and fostering collaboration between LA staff and WBC	Relational Connections
		iii. Enablers that identify and fulfil local and county-level need for ESWE	ESWE meets a community and county-level need for a holistic housing and wellbeing model, filling a gap not addressed by traditional services. The service isn't driven by KPI but rather by WBC skills, innovation, and professional discretion.	**OUTTER SETTING** External and societal pressures Local attitudes

	iv. Strategic, partner agency and LA support for the service	There is strong leadership and support for ESWE, its service principles and ongoing developments, with participants actively contributing to a positive service implementation process.	**INDIVIDUALS** High-level Leaders
	v. Policy landscapes and ESWE adaptability	ESWE's adaptability to an ever-changing context enables the service not only to maintain its presence but also to diversify and embed itself, even amid national pressures and financial challenges facing local authorities.	**INNOVATION** Innovation adaptability

EFFECTIVENESS

As presented in Table 3 above, this evaluation aimed to understand a) the impact of the ESWE service on customers' wellbeing? And b) How is this service experienced by customers? To address these questions data were analysed using the coding framework from the CFIR's Innovation Outcome domain. This domain aims to capture the success or failure of an innovation, based on the impact of such innovation on its recipients. Thus, these results aim to illustrate the impact of ESWE on customers physical and mental health, social isolation, employability and upskilling and lifestyle behaviours.

Physical Health and mental health

Customers noted physical health and mental health benefits following a period of engaging with the service:

a) Enhanced customer capacity to cope and manage

The WBCs provided **emotional support** and reassurance to customers during difficult periods in their lives. In turn, customers reported an enhanced capacity to manage their mental health after a period of engaging with the service: *"I'm in a bit of a different place I am now to what I was three months ago...I'm feeling a lot stronger".*

The positive impact is further evidenced by one *customer who reported feeling "capable of doing the things that I need to when I wasn't feeling that way before I met [WBC]".* A WBC felt strongly that the service was **unique**:

> *Due to the service provided by the homelessness team being governed by legislation, often key information about why a person is in their current situation is missed as it may not seem relevant. However, the Wellbeing team are able to recognise why a person is in their current situation...The Wellbeing Coordinators are extremely compassionate and adapt accordingly with a customer's ever-changing needs."* (Stakeholder).

This **flexibility and holistic support** seemed to have a positive impact on feelings of social connectedness, as reported by one customer: *"[I would] call her up whenever I need to. And if she don't answer I leave her a voice message and she gets back to me whenever she can. I find it really easy to talk to her".* This is clearly a positive aspect of the service, but might lead to overreliance on the WBCs, and that if they were not present, customer's ability to cope and manage may diminish: *"[WBC] is just like a lifeline to me... I do become quite reliant on [WBC] because I don't really have anyone else so."*

(Customer). Thus, although WBCs *explain to their clients that "they don't want a client to become dependent on us", these findings* suggest there may be a need for different dialogue to ensure customers do not come to over rely on the WBC to help their autonomy and independence.

b) Intersectionality of physical and mental health with housing and wellbeing

ESWE was seen as a distinct service that had strategic added value and impact on customers' experiences. One of the respondents to our stakeholder survey pointed specifically to the logistics of having a county-wide, but district-focused service, linking engagement through shared space between the WBC and Housing Officers specifically: *"Co-location within the local authorities has been key to strengthening referral pathways. The project will also work as part of the multi-agency homelessness hub which Eastbourne Council are developing."* (Stakeholder, survey respondent).

Accommodation security was central to customer wellbeing. Customers noted changes in their physical and mental health after being placed in accommodation. For example, customers noted feeling less anxious: *"And because I'm in temporary accommodation… I still have anxiety, because I don't know when I'll get a permanent place. But it's not "I've got to get out of here as quick as possible" and I don't know where I'm going."* (Customer).

In regard to their physical health, customers commented that they were able to regain a **sense of purpose** through doing things for themselves in their own homes: *"I've managed to get myself back on top, I'm cleaning every day of the week, which was a big task for me to do, like I'm keeping on top of my housework and things like that now."* (Customer).

c) Confidence and empowerment

Customers felt more confident accessing support after engaging with the service. WBCs had provided **practical support** for customers which included admin and financial help, help moving into a property and timely referral to other services. The service also encouraged customers to take ownership of their actions to help enhance autonomy and feelings of empowerment. That is, rather than doing things for them, WBCs encouraged customers to do things for themselves. This was considered a unique characteristic of the service and key to long-term behaviour change: *"I will really avoid doing too much for my clients… something I think that's unique about our service because we have that time to actually empower them to do things for themselves"* (WBC).

Social Isolation

The service impacted social isolation which is represented by the following sub-themes: a) Reducing Social Isolation; b) Reducing Stigma; c) WBC Openness as Social Connection.

a) Reducing social isolation

The service was perceived to reduce social isolation. The WBCs attempted to get customers to interact with others in order to do this: *"they were ringing me up every week and they are tremendous. Because all they're trying to do is to get you to get involved back again into the community." (Customer).* Through this support, customers noted changes before they accessed the service compared to after in regard to social and mental health: *"Before I started it I felt like I had no one… the fact that I know that I can go there and talk about things that I wouldn't to anyone else…. I now know there's people that I can go to" (Customer)*

b) Reducing stigma

Given the stigma attached to homelessness, customers reported that they had previously felt judged and stigmatized and found help-seeking difficult. Upon engaging with the service, customers felt less stigmatized in their present situations. The WBCs were able to normalize their struggles, which facilitated feelings of reduced social isolation and intentions for help-seeking. For example: *"If you're embarrassed that you need a foodbank voucher, you don't have to be embarrassed by it. Everyone struggles… they made it so like normal... I didn't feel embarrassed asking kind of thing" (Customer).*

c) WBC openness as a social connection

WBCs were open with customers which in turn allowed them to open up with the WBCs. This further enhanced social connectedness between these groups. For example, a customer stated: '*They're open to me [and so] I'm open to them' (Customer).* The person-centred, and non-judgemental approach which the service emphasised is key in allowing rapport to build. For example, consider this experience from a customer reflecting on their initial interaction with their WBC:

> *"I've never spoken to anyone so it's a bit stressful at first you're thinking 'oh gosh I don't reallywant to tell a complete stranger everything'. But the way she was on the phone… it was so easy to then let your guard down."*

The above experience highlights an example of an initial session to establish a Personal Wellbeing Plan and shows how a flexible approach with limited time constraints can aid social connectedness between the WBCs and customers. The **holistic and flexible method of support** was felt to clearly distinguished the service from others which had more rigidity in structure, hours, and customer interface: *"There's no kind of time restraints with a client, so they have this opportunity you've given them the space to kind of say whatever they wanna say nonjudgmentally."* (WBC).

Employability and Upskilling

There were some **changes in employability and upskilling** after accessing the service. These are represented by the following sub-themes: a) Behavior change in regard to employment; b) A phased and measured approach.

a) Behavior change in regard to employment

Customers' **readiness for employment and upskilling** were enhanced by the holistic service. WBCs encouraged customers to change behaviors in regard to employability. For example, a customer noted: *"[WBC] keeps trying to make me sort of go and do things. I used to be a driving instructor… she was trying to encourage me back into that"*. However, it was also acknowledged that this was not always easy, and that behaviour change regarding employment and upskilling can take time: *"I think it's important to acknowledge that someone may not be in a position to focus on gaining the skills or entering the employment market without their wellbeing been supported with."* (Stakeholder).

Behaviour change techniques such as **MI and Goal Setting** were used flexibly. Whilst WBCs have MI training, this was not delivered in isolation or formally documented, as WBCs perceived it may be too rigid to use along with a person-centred approach, as described by a WBC:

> *"You can have a conversation, but it's like was I doing motivational interviewing? Or was it this kind of no like you're ticking stuff, you're kind of normally just having a conversation… a lot of reflecting and a lot of putting it back on the client… it's hard to explain because it's not like scripted."*

b) A phased and measured approach

The service took a **phased and measured approach to employability and upskilling**. Hence, it has been possible to trace fidelity (see 'Fidelity work package') in qualitative findings relating to the original service design and goal setting being implemented in the design of the service and through

customer engagement. WBCs helped customers set goals for achieving tasks by establishing a personal wellbeing plan and prioritizing goals, for example: *"[WBC and customer] make a decision on the priority of the issues they want to deal with when they want to deal with them... We can break it down and be like, OK, well, what's the most highest priority to you at the moment."* (WBC).

However, one customer who had engaged with the service observed issues with the seeming **lack of structure** in the service despite their positive experience: *"The problem is, there is no structure to it. Because you can be engaged with it... but something goes on in your life and you think "Oh I can't do it" and you just switch off. For myself personally, if someone gave me a structure I would respond"* (Customer). This suggests a possible need for more WBC sensitivity and potential skills development to build in formal follow-ups and check ins with goals related to advice offered to some customers.

Lifestyle Behaviors

The were notable **changes in lifestyle behaviors** after exposure to the service. These are represented by the following sub-themes: a) Sustaining behaviour change.

a) Sustaining behaviour change

There was a perception that behaviour change was not a linear process and that not all customers required behaviour change, but rather required support to sustain positive behaviours and independent decision-making. For example, consider the following customer account: *"I've basically gone from controlling relationship to controlling relationship, so I never paid bills or anything like that. There was a lot of restrictions on my life… I literally had to learn everything."* In these situations, it could be argued that going back to life prior to this event and **reestablishing normal lifestyle behaviours** are of upmost priority rather than a complete overhaul in behaviour change. A stakeholder reflected upon this: "*Does there need to be behaviour change? The clients that we would be working with will need some form… whether that is just, you know, budgeting being able to kind of make sure that they're prioritizing bills".* As such, the client-centred holistic approach which the service takes in considering the client needs and support requirements are appropriate. This, combined with a lack of consistency in the use of **core skills for behaviour** change such as MI, makes measuring behaviour change and its effectiveness challenging.

FIDELITY

As presented in table XX this evaluation aimed to understand a) to what extent behaviour change techniques are used during the coaching sessions? And b) have the staff received adequate training and ongoing support to implement them as intended?

A central unique intervention characteristic of ESWE is a focus on lifestyle behaviours and specifically the skills and attributes of WBCs used to inform behaviour change in customers. As mentioned earlier in the results, all WBCs reported having MI training, however this was not implemented as a sole behaviour change technique. WBCs noted that the wider practical and emotional support (including signposting to other services) were part of a range of approaches employed that were directly and/or indirectly seen to influence lifestyle behaviours.

Two main themes were identified deductively within this work package: a) Application of MI techniques and behaviour change, and b) Identifying individualised needs and goal setting. Data triangulation suggests that the effectiveness of ESWE is also highly dependent on how behaviour change techniques are applied throughout the customer's journey. Thus, data was mapped against CFIR constructs within the 'Individuals domain', to understand the characteristics of the WBC's (ESWE implementation team members) and their skills, knowledge and opportunities to support customer behaviour change.

a) Application of MI techniques and behaviour change

Focus group discussions with WBCs revealed that WBCs felt that formal sessions with customers didn't fully capture the range of skills, resources and relationship dynamics they need to use to address customers' immediate needs. The combination of approaches was seen as beneficial by customers in order to achieve positive behaviour change. These findings support those reported earlier, where it was highlighted that the service's effectiveness, as seen by customers, WBCs, and stakeholders, is largely due to the flexible emotional and practical support provided, which helps maintain and promote positive lifestyle changes.

Even though the ability to measure MI fidelity using the MITI Code wasn't available, **behaviour change remains a key part of the service**. WBC and stakeholder focus groups indicated that MI techniques were often applied informally, which aligns with a key WBC skill: building relationships and using professional judgment to decide the best way to engage with customers during critical points in their housing and wellbeing journey. This approach was strongly emphasised in both stakeholder and WBC focus groups.:

> *"not focusing on outcomes straight away, but building a relationship because if you come in outcomes focused, someone will instantly switch off because they're nine times out of ten about what's called like a pre-contemplative stage, so they're just not thinking about behaviour change or anything like that"* (Stakeholder, focus group)

Additionally, WBC identified that formal coaching 'sessions' were not routinely held in structured timeframes. This flexibility in approaches, has already been identified as beneficial earlier in the results. Thus, these results revealed that, informal and varied forms of contact did not necessarily negate MI practice, but strongly suggested that a **'making every contact counts'** approach aligned more with the identity of the service and the practices of the WBCs:

> *"So you know they (customers) really should be coming out of working with us in like a much better situation, in like so many areas and again that really depends from person to person, whether it's form filling in, whether it's how they communicate with people, whether it's how they exercise or keep calling the GP, they should then have like confidence boost, that is like built them up."* (WBC)

The bespoke experience that ESWE provides to customers is tailored to meet their individual needs, which help support their lifestyle choices and how WBCs encourage behaviour change. Because of this **individualised approach**, WBCs agree that it is not possible, - nor appropriate with ESWE's 'holistic and customer-centred approach – to strictly follow a standard of MI procedure as the only method. However, this approach does align with another important aspect of MI: setting goals based on each customer's unique needs.

b) Identifying individualised needs and goal setting

WBCs noted that during the initial meeting and assessment, they had to be sensitive to different communication styles and each customer's ability to engage. Thus, **the goal setting and planning process varied greatly from customer to customer**. For some customers, the awareness of goal setting and planning was clear and could be addressed directly. , like the customer quoted above, awareness of goals setting and planning varied. This could be achieved through direct assessment and references to customers plans and goals. However, for others, the concept of goal setting wasn't always directly discussed. Instead, WBCs and customers often reached goals through more natural, informal conversations that still had a clear purpose:

> *"When you're first supporting an individual it's just about gaining that understanding of that individual and what their needs are without being, I guess, solution or outcome focused straight away so that you can facilitate that level of engagement and it certainly sounds like that, you*

> *know, this service is all about trying to build the ability to just have conversations about, you know, issues in their wellbeing"* (Stakeholder)

During semi-structured customer interviews some customers reported not being aware of any goal setting process, yet in these same accounts it was possible to identify goal-related narratives. This included customers discussing their journey, hopes, aspirations and (importantly) in some cases whilst reflecting on the positive changes in their circumstances.

Customer interview data confirmed findings from WBC and stakeholder focus group data, in that an **incremental and simplified communication** process was needed for customer engagement. This sometimes-included interaction that customers were not always aware of, and associating, these discussions as being a formal part of the service or seen as being documented, despite the PWP being evident was not necessarily embedded in the customer psyche. Even where goal setting was less formal or not apparent to the customer, for some this was partly attributable to alignment with 'person-centred' ways of working. Managing communication in ways that were accessible and digestible for each customer and mindful of 'pace' were all factors:

> *"Due to the service provided by the homelessness team being governed by legislation, often key information about why a person is in their current situation is missed as it may not seem relevant. However, the Wellbeing team are able to recognise why a person is in their current situation and does not just focus on the how. In my experience, the Wellbeing Coordinators are extremely compassionate and adapt accordingly with a customer's ever-changing needs."* (Survey feedback)

The scope for WBC to facilitate and establish goal setting, even where the language was not commonly interpreted by customers and stakeholders, relates back to the flexibility of the service and the **WBC skills set which was integral to service effectiveness**. This scope was also characterised by the service and WBC being able to accommodate and motivate behaviour change, engaging and motivating customers to consider wider positive lifestyle choices.

IMPLEMENTATION

This work package aimed to answer 'How is the service being delivered and what works well and what needs to improve?' Themes within this work package were identified deductively and have been aligned with CFIR domains and constructs to provide a holistic overview of what aspects of ESWE work or don't work and how it fits within the LA and the wider societal context.

a) Flexible delivery of a 'customer-centred' service

As seen in previous sections, data triangulation confirms that the **customer-centredness approach** is a key quality of ESWE. **Emotional and practical support** are key factors positively impacting customers' wellbeing and how they experience the ESWE service, as illustrated by a customer "*she doesn't really offer me practical support like that, anything, we just talk on the phone. And that's pretty much alright, you know?*" The support provided is **tailored to meet customer needs**, and data shows that has contributed to improvements in housing situations, wellbeing, confidence, and self-efficacy:

> *"You can have a call with someone who's literally breaking point and you can talk them through the process and they'll literally say to you on the phone call, do you know what thank you so much, it's so nice to have someone on my side, to understand what's going on, explain things to me and just keeps my head straight. And because you're talking people off a ledge sometimes when they're like losing their home, you know, and everything else sort of spirals and we sort of act as that person, that they can reach out to"* (WBC)

The **flexibility** of the ESWE seems crucial in helping customers achieve, or at least move towards, positive outcomes. This flexibility is embodied by WBCs behaviour change skillset and ability to apply a combination of referral protocols, signposting and emotional support to help customers achieve their goals *"[WBC] did help me get my referral to Health in Mind done as well, so I'm on a waiting list there as well"*. The findings also suggest that this flexible approach not only benefits customers but also helps partner agencies and other stakeholders, as reported by one of the stakeholders from the LA *"the wellbeing service have got that real technique and skill… reengaging or engaging with customers that we fail to do so and really look at the customer in a holistic way and every other service and pulling them in as well"*.

Data triangulation depicts ESWE as a **unique** service compared to any other offer provided by the LA, including Housing Officer support, and it has been defined as a particularly 'agile' service by a stakeholder *"Over the past two years customers' needs have become more complex in nature, and the service is managing to meet those demands by being flexible and adaptable"*

ESWE is also perceived as a **proactive** service, both how it is delivered and it how it adapts its design and structure to meet the evolving needs of customers and the service landscape. This approach ensures that the service remains relevant, even as customer needs and populations shift over relatively short periods.

b) Connection, colocation and networking

Despite the shift to home and remote working, especially during COVID 19, having WBCs co-located with Housing officers was and remains crucial both strategically and practically, as reported by a group of housing officers "*when the wellbeing team first started [face to face]…we were able to do some things that we didn't have the ability to do without them.*" Most referrals to ESWE, come through housing officers and the link between LA staff and WBCs has been acknowledged as beneficial for customers. One clear example of these benefits, is the **streamlined referral process** between Housing Officers and WBCs, which reduces the need for repetitive paperwork, as illustrated by this customer:

> *"I spoke to my housing officer and I said 'oh I'm really struggling, I've got this, this, this, to sort out' and he said 'well actually we've got this service and wellbeing, would you like me to put you forward', so I said 'yes' and then literally I think about two days later I had an email."*

Colocation provided additional benefits relating to advancing the reputation and reach of ESWE in communities across the county. Referrals could be perceived as being informal, but there is a consistent process in place across different districts and boroughs. This process feels flexible and accessible for customers, yet it seems well established and supported by the relationships built through co-location, some of which seemed to have existed before ESWE began:

> *"Co-location within the local authorities has been key to strengthening referral pathways. The project will also work as part of the multi-agency homelessness prevention hub which Eastbourne Council are developing. Learning from this approach will be shared with partner services to identify other opportunities for early intervention support."* (Survey respondent)

c) Enablers that identify and fulfil local and county-level need for ESWE

The structure of ESWE, with WBCs placed in each district and borough allows the **service to be locally responsive while maintaining a county-wide perspective**. This approach allows flexibility of delivery and a true 'customer-centred' approach. WBCs have **strong connections** with local areas and

stakeholders, giving them access to resources that help support customers effectively. The team, many of whom were recruited from One-You East Sussex, had a unique team culture and already had experience working in the county's communities. Their skills in connecting with customer, stakeholders, and partner services and organisations and knowledge of existing services **helped avoid duplication** and ensure that ESWE fit well at both district/borough and county levels:

> *"I work on a county-wide basis, so, you know, for me I guess (…) Hastings and Eastbourne are always gonna have the highest cases, but I do know obviously that yeah the rural areas are difficult for people to engage with services. So, I think for those people, you know all the people that can't or aren't able to get online or kind of have phone calls I think that face to face support is really important"* (Stakeholder)

ESWE was envisioned as an alternative service model, **not centred on strict Key Performance Indicators** (KPIs), allowing it to adapt both county-wide and locally for each customer. This was an enabler for innovating but presented challenges in providing structure for customers and partner stakeholders. For example, as reported earlier, the lack of a time-limited-service it can be difficult to define the boundaries of customer support, which can sometimes lead to oversharing, as stated by one of the WBCs *"there's no kind of time restraints with a client, so they have this opportunity you've given them the space to kind of say whatever they wanna say nonjudgmentally…"*. The difficulty of measuring "success" or positive outcomes was a recurring theme. ESWE's customer-centred, holistic support was valued by stakeholders, but the lack of tangible outcomes could be a limiting aspect in capturing and conveying the service impact, as discussed in one of the stakeholder's workshops "*What counts as a positive outcome – is it purely self-reflection on their wellbeing scales or does it look at housing secured/job secured/MH skills/meds, drug abstinence? An improvement in 2 months may not be a sustainable change. Small impact.*". Yet, this challenge didn't seem to diminish the strong support for ESWE from leaders, local authorities, health providers, housing services, and community organizations.

d) Strategic, partner agency and LA support for the service

The underpinning values of ESWE – being customer-centred, providing forms of support that could be conceived of as 'wrap around' or 'holistic' and the individualised approach and structure were seen as valuable as highlighted by one of the stakeholders "*So I think that kind of approach, that holistic approach, that convening of partners you know is really valued*". However, capturing and conveying its impact seems complex. As already mentioned in previous sections, this challenge does not seem to diminish the strong support for ESWE from leaders, local authorities, health providers, housing

services, and community organizations. This is reflected by the number of referrals into the service as noted by a stakeholder *"I think sort of the number of referrals testifies that there's definitive need for the service and I think you know the team are doing a great job in communicating with housing officers."*

The service's design, with a lead WBC and a strategic lead, was successfully piloted and embedded, but ESWE is more than just a local service. It influences and works alongside a wide range of other services, emphasizing **partnerships**. This approach is reflected in other service developments, particularly in **linking housing and health**, as noted by stakeholders *"I think particularly the links between housing and health is really understood and appreciated and is an important part of the sort of broader impact of the approach really."* A survey respondent highlighted this further by adding that there is:

> *"An increasing appetite to expand multi-disciplinary teams and hub-style projects. Partners value the holistic, person centred approach by projects such as ESWE."*

Data triangulation emphasises that **communication and collaboration are key**, one of the stakeholders reported that *"Work is ongoing across a range of partner organisations to strengthen and streamline referral arrangements and raise awareness of the support available across the system*." which is a key factor for sustainability in the long term.

e) Policy landscapes and service adaptability

National policy challenges, such as the availability and quality of housing and overall affordability, continue to be significant issues, even since the beginning of the ESWE service. While 'siloed working' remains an enduring barrier to engagement and inclusion, ESWE's approach and learning process show the potential for better inter-agency work. This **connection between service delivery and learning** is a key feature of ESWE, as highlighted by a stakeholder *"It is essential that learning and outcomes from the ESWE are incorporated within place-based strategies to ensure this approach is incorporated within mainstream delivery."*

Stakeholders specifically noted *"It is key to capture the impact of ESWE on sustaining and developing engagement with a range of services, particularly health and mental health services."* Data triangulation suggests, that while service integration can often feel incomplete and subject to change, particularly within resource-limiting contexts, ESWE's **adaptability** to an ever-changing context has enable the service not only to maintain its presence but also to diversify and embed itself, even amid national

pressures and financial challenges facing local authorities. In fact, one of the stakeholders suggested that "*ESWE works in part to be the 'glue' that enables clients to access other services.*"

ECONOMIC EVALUATION

Drawing from the Annual Performance Report 2023-2024, 540 referrals were received during the 12 months, with an average of more than 10 new cases a week and an average caseload, at any one time, of 28 (Annual Performance Report 2023-2024). The cohort was 45% male and 55% female. The most common source was Local Authorities (89%) e. Floating support (6%) and 'Other' – which incorporated missing values – was 5%.

The customers of the service had 11% high-level needs, with 28% with medium needs. This data did not influence the results or the conduct of the economic evaluation, and no sub-groups were specified in the analysis.

Performance

Highlight results from the APR include:

- The total number of successful goals was just over 1,100.
- The average Wellbeing score improved by 8 points from an average of 15 points to an average of 23 points.
- The self-assessed Wellbeing score showed an improvement in 100% of cases.
- No maximum length of support was set for the service.
- The average length of stay for all closed cases is 76 days.
- Employability and work-readiness falls within the Skills and Employability pillar.
- 87 clients were supported to work on issues of employability.
- Supporting customers to re-engage with key services was a significant part of the ESWE role.
- Approximately one quarter of all the ESWE cases needed support to re-engage with key services.

The results show that the service had positive benefits for all customers. All customers showed an improvement in the various outcome scores, although we are unable to draw statistical conclusions given the descriptive nature of the data.

Economic results

To calculate cost-effectiveness (value for money) of the service, we totaled set-up, license, management and coordinator costs for the first 12 months following service launch, which was a total figure of £297,213.97. As Figure X shows, this amount can be used to calculate a range of economic indicators. The cost per outcome unit for all measures shown Table 4 are well within the ranges that local NHS commissions would expect if they were purchasing efficient services.

Table 4. Costs and economic indicators for the ESWE

Project spends	Amounts		Cost calculations	Amounts
Set-up and licence	£21,120.00		Cost per client	£550.40
Management	£63,555.67		Average cost per day	£7.24
Coordinators	£212,538.30		Cost per wellbeing unit	£68.12
Total	**£297,213.97**		Cost per star change	£36.45
			(Total cost) – (housing cost avoided)	-£162,787.03

The economic evaluation of ESWE is based upon data from the APR and suggests that the service is effective for all customers and cost-effective for the cohort of customers currently using the service. The results are stable and the level of uncertainty in the findings is low because cost data primarily derives from wages, which is a stable source of expenditure.

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DISCUSSION AND IMPLICATIONS

This mixed methods evaluation of the ESWE Service has documented a journey of change at a series of levels. The changing nature of the service itself, the development of a team identity, and the relevance and development of skills emerging from staff originally recruited from One You East Sussex are obvious examples. The evaluation of ESWE has captured original skills developed in the previous roles of established WBCs which are not limited to MI. It is also the case that the service and staff have diversified over a relatively short period. This includes service design and individual staff skills. A specific and central skill set is the ability to proactively address and respond to the needs of customers. The following section is a discussion of findings as they align with each of the work packages.

Effectiveness

What is the impact of the ESWE service on customers' wellbeing? And how is this service experienced by customers?

Our qualitative results demonstrate the positive impact the service reportedly has on customers' wellbeing. Customers noted the service had facilitated an increased ability to cope with daily stressors and enhanced their confidence to access appropriate supports, leading to perceived improvements in customers' mental and physical health, as evidence by statements such as "I'm feeling a lot stronger" and "capable of doing the things that I need to do". These improvements are attributed to the emotional support and reassurance provided by WBCs, who adapt to customers' evolving needs. This aligns with stakeholder feedback on the unique, compassionate approach of the WBCs, distinguishing their support from other services bound by rigid KPIs. However, while the flexible and holistic aspects of the service are largely beneficial, they raise concerns about potential overreliance on WBCS. The service has been described by some customers as a "lifeline", which could indicate an unhelpful dependency. Indeed, WBCs themselves acknowledge the importance of preventing such overreliance to foster customer autonomy. This suggests a need for the service to balance support with strategies that enhance customers' self-sufficiency and personal growth.

Within the context of CFIR, the innovation recipient impact is tied to capability building and improved motivation and aligns with the three necessary components of behaviour change posited within the COM-B model: Capability (C), opportunity (O), and motivation (M) (Michie et al., 2014). From a

customer perspective, the ESWE service supports customer motivation using a measured phased approach to goal setting and task prioritisation, particularly around employability and upskilling. Similarly, by improving customer confidence to access additional services, capability and opportunity for behaviour change are potentially increased. However, the non-linear nature of behaviour change and the variability in applying behaviour change techniques like MI made the measurement of effectiveness difficult. This variability highlights the need for more consistency in the application of core behaviour change skills and a focus on sustaining positive behaviours in the long term whilst maintaining the positive effects of flexible and responsive approaches. This is particularly important for scale up of this intervention or for replicability of this service in other places.

At the core of the delivered service, the WBCs ability to build open and trusting relationships with customers was key to encouraging behaviour change, reducing social isolation, and improving social connectedness. This was perceived to be a unique aspect of the service by both customers, WBCs, and the wider stakeholder group. The findings are consistent with 'connection' and 'identity', found in other conceptual frameworks, such as the CIVIC framework (Hare-Duke et al, 2019). This framework supports the importance of 'closeness, identity, valued relationships, involvement, and 'feeling cared for and accepted' across clinical populations and mental health service users. From an individual perspective, the service is supporting customers to feel more socially accepted, less stigmatised and more connected. This is particularly important in a societal group that may suffer from poor mental wellbeing and require additional support to access services successfully.

Importantly, the results highlight that the intersection between housing and improvements in physical and mental health is actively addressed by the ESWE service. The findings demonstrate the benefits of co-locating WBCs with Housing Officers to facilitate effective referrals and strengthens service delivery. It is evident that customers experience improvements in anxiety and a sense of purpose following housing stabilisation. The need to secure accommodation as a foundation for physical and mental health, which in turn, helps to facilitate improvements in customer wellbeing and generates added value at local and county levels.

Fidelity

To what extent behaviour change techniques are used during the coaching sessions? And have the staff received adequate training and ongoing support to implement them as intended?

This evaluation sought to understand the use of behaviour change techniques within the ESWE service, particularly focusing on the extent to which these techniques are applied in 'coaching sessions' and whether staff receive adequate training and support. The ESWE's approach, grounded in behaviour change (initially characterised as MI), is central to its effectiveness in supporting customer lifestyle changes.

MI was embedded within the service framework and WBC coordinators job descriptions/roles, with the intention to formally use this technique to foster behaviour change. The findings showed that MI was used flexibly and partially, in that the WBCs used principles of MI (e.g., open questions, reflective listening). These were used in combination with emotional support, practical assistance and signposting to other services as part of their strategy to influence and support behaviour change. This flexibility aligns with the notion that behaviour change techniques are more impactful when tailored to individual circumstances rather than rigidly applied to respond to the immediate customer needs. This approach is consistent with literature that stresses the importance of integrating MI with other supportive interventions to address complex client needs (Rollnick et al., 2008). The flexibility of MI application reflects a broader trend within the service, where relationship-building and professional judgment play crucial roles. This is consistent with findings from other studies on MI that emphasise the significance of building rapport and trust as a precursor to effective behaviour change interventions (Hettema, Steele and Miller, 2005). It is also acknowledged by stakeholders and WBCs, who agree that focusing on relationship-building rather than immediate outcomes helps engage customers who might otherwise be resistant to structured interventions. In fact, customers felt that this approach to behaviour change had also enhanced social connectedness.

Communication format emerged as an important mechanism during coaching sessions. Diverse ways of communicating were seen as positive and based upon preferences of the customer and WBCs emphasising a client-centred approach. The WBC/customer interface took diverse forms; there was an initial structured meeting to establish a personal wellbeing plan and set goals, but beyond that future sessions could be unstructured and informal. This subtlety in goal-setting highlights the importance of incremental and simplified communication, particularly in contexts where formal processes might be overwhelming or counterproductive for the customer (Bandura, 1997). As such, customers praised the service and individual WBCs for being flexible to customer needs and being able to plan and deliver tailored care. This distinguished the ESWE from other services and was acknowledged as generating wider impact across the homelessness sector. The variability in how goals are discussed and set reflects an understanding that goal-setting is not a one-size-fits-all process. Instead, it requires sensitivity to the customer's readiness and ability to engage, a concept supported by self-

determination theory, which posits that individuals are more likely to achieve their goals when they feel autonomous and competent in the goal-setting process (Deci and Ryan, 2000). However, there were perceptions that perhaps the contact and goals were a little too unstructured. Certain customers did receive frequent calls but struggled to reach out beyond that and to engage with services they had been referred to. This suggests that more structure is needed to support customers who struggled to be proactive and reach out for help.

A key evaluation finding was how the WBC/customer interface and activities can be diverse; there are multiple ways in which the service supports (and sustains) customer behaviour change beyond formal service-based settings or sessions. In this way the WBC are innovating and adapting because behaviour change is a dynamic process, best facilitated through ongoing, adaptable interactions rather than fixed protocols. The "making every contact count" philosophy adopted by ESWE reflects this understanding, where each interaction with a customer is seen as an opportunity for impact. Therefore, informal adaptation of MI techniques, as described by WBCs, supports the notion that successful behaviour change often depends on the practitioner's ability to tailor interventions to the individual's readiness to change, a key belief of the Transtheoretical Model (Prochaska and DiClemente, 1983). The ability of WBCs to apply MI informally suggests a high level of skill and adaptability, which is essential for addressing the diverse and evolving needs of customers in a real-world setting. While all WBCs reported having received MI training, the integration of these techniques into their broader practice underscores the importance of continuous professional development and support (Madson et al 2009), but current evidence indicates this practice is not yet commonplace within ESWE.

This flexible approach presented complexities in trying to establish MI practice as the primary form of behaviour change and establishing a service-level Standard Operating Procedure (SOP). As such, the diverse array of skills, attributes and knowledge possessed by the WBC presented a challenge for defining the intervention delivered and evaluating fidelity. Intervention fidelity requires methodological strategies to monitor and bolster the consistency (i.e. reliability) and appropriateness of behavioural programmes (Bellg et al., 2004). It allows for reproducibility, understanding what factors might impact successful programme delivery, and when impact is not observed, allows insight into whether a programme is ineffective or whether an effective programme has been implemented poorly (MRC, 2008). Intervention design and delivery are core domains of fidelity and should be described and monitored particularly as services or complex interventions undergo changes. Our findings suggest that the techniques used to support customers and facilitate behaviour change vary from those originally proposed within the logic model and may therefore benefit from review.

Implementation

How is the service being delivered and what works well and what needs to improve?

The service was grounded in four pillars which intended as reference points for WBCs when working with customers, both to assess their goals and define outcome areas. These were: 1) Physical and mental health; 2) Social Isolation; 3) Lifestyle Behaviours; and 4) Employability and upskilling. However, the results highlighted how the service has evolved and that some pillars or some aspects of the service were deemed more important than others by customers and WBCs. For example, ESWE service's customer-centered approach, characterized by its flexibility and emphasis on emotional and practical support, is a central theme that emerges from the data. This approach aligns with literature on client-centered interventions, which emphasize the importance of personalized care in enhancing client satisfaction and outcomes (Coulter et al., 2015). The adaptability of ESWE is also reflected in its ability to meet increasingly complex customer needs, a characteristic vital in social services where client circumstances are often dynamic and multifaceted (Phillips and Berman, 2016).

The strategic co-location of WBCs with housing officers has facilitated streamlined referral processes and enhanced the service's effectiveness. Co-location is recognized in the literature as a means of improving inter-professional collaboration and service integration, leading to more efficient service delivery (Atwal & Caldwell, 2002). The resulting synergy between housing officers and WBCs stresses the value of integrated service models, which are increasingly advocated for in public health and social care (Valentijn et al., 2013). This structure supports the service's customer-centered ethos and allows for ESWE to be responsive at both local and county levels. It is important to highlight that the flexibility observed in service delivery is consistent with frameworks that advocate for decentralised service models to meet local needs more effectively (Rosen & Painter, 2019). However, challenges remain in defining and measuring success effectively, due to the lack of KPIs, which makes difficult the evaluation of this complex and holistic service.

Perhaps a way forward to address this limitation is the application of developmental evaluation techniques, which would allow for continuous monitoring of customer perceptions as the service evolves. For example, utilising measures such as the Session Rating Scale; SRS (Duncan et al., 2003) could generate comparative data to assess customers satisfaction and engagement as service changes are implemented. Similarly, an embedded system for capturing qualitative feedback from customers would provide much needed contextual insights, enhancing the understanding of service effectiveness.

Overall, the strong support from LA leaders, and other stakeholders (including customers) for ESWE reflects a recognition of the value of its holistic and individualised approach. This has been found elsewhere in studies that highlight the importance of strategic partnerships and multi-agency collaboration in sustaining community-based interventions (Frost, 2005). The integration of housing and health services, as facilitated by ESWE, is particularly noted as a best practice for addressing social determinants of health (Marmot et al., 2010). One of the main findings from this work package is the adaptability of ESWE to the ever-changing needs of customers, as well as the context-specific factors. This resilience is key to sustainability, particularly in resource-constrained environments (Walker et al., 2002). In the face of national policy challenges, such as housing availability and affordability, ESWE seems to demonstrate resilience and capacity for sustainability if properly integrated within the LA systems. The service's role as a "glue", as defined by some stakeholders, that facilitates access to other services is indicative of its integrative function, which is crucial for addressing complex social issues (Carey and Crammond, 2015).

Economic Evaluation

Is the ESWE Service value for money?

The economic evaluation established both the cost of delivery of the services and a favourable analysis of value for money and temporary-housing cost avoided. For a twelve-month period (after initial setup), the total cost, including set-up, licensing, management, and WBC expenses, amounted to £297,213.97. This figure forms the basis for calculating various economic indicators, all of which fall well within the expected cost-effectiveness thresholds typically used by local NHS commissions for efficient services (NICE, 2013). Additional data used for this economic evaluation was drawn from aggregate secondary data reported in the ESWE APR rather than through individual level data (captured using the In Form platform) which was not available to tye evaluation team). Thus, these figures assumed that 100% of customers who have closed their case with ESWE would have required temporary housing, thus averting this cost. This is an estimate and would benefit from individual level data to support further analysis. However, a more conservative assumption of 50% of customers would have required temporary accommodation would result in a 'break-even' finding.

On the other hand, cost-effectiveness analyses, particularly within public health and social care services, often rely on the stability of expenditure data, which in this case is predominantly composed of salary-related costs. Given that salaries are a relatively stable cost variable, the economic evaluation

of ESWE is marked by a low level of uncertainty. This stability strengthens the reliability of the findings, suggesting that the service is not only effective in achieving its intended outcomes but also economically viable for the cohort of customers using it.

Moreover, the cost per wellbeing unit calculated aligns with the broader literature on cost-effectiveness in similar public health interventions (Drummond et al., 2015). This could indicate efficient allocation of resources, suggesting the economic benefits justify the expenditure. This is further supported by the established framework within health economics that advocates for the cost-effectiveness threshold as a critical measure for the continuation and scaling of public health services (NICE, 2020).

The ESWE evaluation indicates that the service (and ongoing use of the In Form system) could benefit from specific knowledge management considerations. In understanding customer profile and need, reporting could be improved by clearly documenting two customer subgroups (namely those at risk of homelessness and those presenting as homeless) to allow comparative analysis. This would present opportunities to further strengthen data capture to demonstrate (in-part) data on customer outcomes over distance travelled (i.e. people moving from homelessness to not being homeless for the former, and the risk of becoming homeless being reduced or alleviated for the latter). It would also allow the identification of variation in resource use, time enrolled in service and relative effect of the service intervention for these two groups. The results are positive, and the reliability of the findings high. Continued funding of the scheme is highly likely to produce benefits for customers and to prove cost-effective within the parameters usually considered value for money by local NHS commissioners. The findings of this evaluation emphasise the importance of economic evaluation in informing public health policy and resource allocation decisions (Neumann et al., 2016).

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LIMITATIONS

While the research yielded positive results and valuable insights, it is important to acknowledge that these outcomes are not without important limitations. This evaluation encountered several challenges that influenced the data collection process, economic analysis, and overall methodology. These limitations, which are outlined below, highlight the complexities and constraints faced by the research team and are linked to the lessons learnt section. Understanding these issues is crucial for interpreting the findings and considering their implications within the broader context of the evaluation.

a) **Data Collection Limitations:** The research encountered significant challenges in obtaining specific customer data from the "In Form" system. This resulted in reliance on aggregate data from the Annual Performance Report (APR) for 2023/2024. Consequently, researchers were unable to access detailed individual customer data, which were initially agreed upon with Eastbourne and Lewes Local Authority. This limitation constrained the depth and precision of the economic evaluation and other analyses. Additionally, the customer sample was not purposively selected but was instead provided by the Wellbeing Coordinators (WBCs), which may have introduced bias into the study.

b) **Economic Analysis Limitations:** We were unable to perform a comparative cost-effectiveness analysis (CEA) against alternative interventions, or to measure the costs of healthcare provision outside of the project. The dataset was confined to the information available in the

APR, and there was no formal measure of uncertainty, limiting the robustness of the economic conclusions. Despite these constraints, the results were positive, and the reliability of the findings was deemed high.

c) **Methodological Adjustments:** Due to time delays and challenges in the research process, the initial developmental study design was adjusted. Elements of a Plan-Do-Study-Act (PDSA) methodology were applied in the initial stages of the evaluation, leading to a mapping exercise that linked the original research questions with the data obtainable from the implemented research methods. However, this adjustment may have limited the comprehensiveness of the evaluation. The research took a pragmatic approach to ensure data capture for the primary research questions, but this shift potentially affected the overall scope and depth of the study.

CONCLUSION

The evaluation of the ESWE Service offers a comprehensive understanding of its impact across multiple work packages: Effectiveness, Fidelity, Implementation, and Economic evaluation. The findings illustrate the service's important positive influence on customer wellbeing, particularly through the personalised support provided by WBCs. This tailored approach, which emphasises emotional support and flexibility, has proven effective in enhancing customers' mental and physical health, although it also underscores the need for strategies to prevent potential overreliance on the service.

From an implementation perspective, the ESWE Service's adaptability and the integration of services, particularly through the co-location of WBCs with Housing Officers, have emerged as key strengths. This model not only tries to facilitate smoother referrals, but also addresses the social determinants of health, particularly housing stability, which is foundational to improving overall wellbeing. The strategic flexibility observed in the service aligns with contemporary public health frameworks advocating for decentralized and customer-centered care models, although the lack of structured KPIs presents challenges in measuring success consistently.

The economic evaluation highlights the service's cost-effectiveness, with expenditure data confirming that the service falls well within the expected thresholds for value for money as defined by local NHS commissions. The economic evaluation identifies areas for improvement, particularly in the need for more granular, individual-level data to refine cost-effectiveness estimates and to better understand customer outcomes.

Overall, the ESWE Service demonstrates a robust capacity to meet the complex and evolving needs of its customer base. Its holistic, integrated approach not only provides substantial value for money but also sets a strong foundation for sustainability and scalability within the local public health infrastructure. Continued support and refinement of the service, particularly in data management and outcome measurement, are crucial for maintaining its effectiveness and for ensuring that it remains responsive to both customer needs and broader policy challenges. This evaluation highlights the importance of ongoing economic and impact assessments to guide public health decision-making and resource allocation, ensuring that services like ESWE continue to deliver meaningful and cost-effective outcomes for the communities they serve.

RECOMMENDATIONS FOR IMPACT & SUSTAINABILITY

ESWE is delivering an effective service with clear and positive impact on both customers and stakeholders. However, there are areas where the understanding of the service and its impact on customers and stakeholders could be improved. This study suggests that ongoing evaluation could be instrumental in improving this understanding, strengthening the evidence-base, and helping to secure the service's sustainability, especially in competitive resource environments. Evidence supporting this is already in place, as the logic model has helped advocate for further service growth. Therefore, this section offers recommendations and actions for the service, considering the implications for various stakeholders, including policy, strategy and practice. The recommendations below have been presented in two different levels:

ESWE's team leaders and WBC's level:

This evaluation suggests that the use of the HOS domains could be useful for identifying and describing types of needs customers have. It could also help track changes in these needs over time. The service should consider the addition of more reliable and validated tools to measure specific outcomes like loneliness, social networks, and health improvements. This would not only improve the quality of the data collected but also support efforts to secure funding and enhance the service.

> **Recommended action:** To supplement the current HOS framework with validated data collection tools across the four pillar domains. For example, implement the UCLA Loneliness Scale to measure loneliness, the Lubben Social Network Scale (LSNS) to assess social networks, and the PHQ-2 to track mental and physical health improvements. These measures will provide more accurate and consistent data while minimizing the burden on customers.

While most customers appreciated the service's flexibility and the benefits it offered, some found it too unstructured. This could result in inconsistent types and frequency of contact for customers.

Therefore, it might be helpful to introduce a more structured approach to the service to reduce variability in the types and frequency of customer contacts while maintaining flexibility.

> **Recommended action:** To implement a standardised framework that provides guidance around the frequency and types of interactions customers receive, ensuring consistency in provision of support across the service. Whilst allowing room for customisation to meet individual customer needs.

ESWE service delivery team would benefit from conducting a thorough review and update of the logic model to reflect changes in delivery model, ensuring it accurately represents current service structure, facilitators and barriers and outcomes. This updated version of the logic model could be used to support further funding applications to ensure the sustainability of the service.

> **Recommended action:** To form a cross-functional team to build in ongoing evaluation of the service, including the logic model. Identify key areas where the delivery model has evolved and revise the logic model accordingly. This updated model should then be validated by stakeholders and integrated into ongoing service planning and evaluation processes.

The flexible and holistic support offered through ESWE is clearly seen as beneficial, yet it would be recommended to enhance the dialogue between the WBCs and their customers to prevent over-reliance on WBC support and promote customer autonomy and independence.

> **Recommended action:** To explore what additional training can help strengthen WBCs skillset. To develop and implement training for WBCs focused on effective communication strategies that encourage client self-sufficiency. Develop guidelines for engaging clients in discussions about building independence and setting clear expectations for the support provided. Regularly review client interactions to ensure these practices are effectively encouraging self-reliance and preventing overdependence. This guidance would benefit from an evidence-based model for positive behaviour change such as the COM-B model or the Theoretical Domains Framework.

Strategic managers / leaders of ESWE

Ensure that the current strategic added value is maintained and promoted. Building on the ESPAG group formed for this evaluation, consider establishing a forum that includes customers who could act as service champions. This group would meet regularly with ESWE stakeholders to review and co-create service designs and developments. It would also serve as a way to monitor and understand changes in customer experiences across different districts and boroughs.

> **Recommended action:** To create a customer-led forum, building on the ESPAG group, to regularly engage with ESWE stakeholders. This forum will serve as a platform for customers to act as service champions, contributing to the ongoing evaluation, co-production, and refinement of ESWE service. Additionally, the group will provide insights into evolving customer experiences across districts and boroughs, ensuring that service delivery remains responsive and relevant.

ESWE is a key project at local, county, and national levels, showcasing the value of linking homelessness prevention with health, wellbeing, and employment outcomes, as evidenced by this evaluation. Strengthening the strategic alignment of health, wellbeing, and employability with housing support would enhance the strategic value of the ESWE service.

> **Recommended action:** Continue to align housing support services with ESWE. Use the positive outcomes from this evaluation to advocate for and expand this integrated approach, demonstrating its effectiveness in addressing homelessness and its related challenges.

The person-centered approach to supporting customers and engaging in reflective practice strengthens the WBC team's identity. ESWE's strategic oversight and management should consider integrating formal reviews into continuing professional development (CPD) and case management. Hiring a systemic social work clinician on a consultancy basis could provide the team with structure, training, and tools to facilitate discussions about customers with complex needs and situations, while also helping to understand family and broader relationship dynamics.

Recommended action 1: Strengthen the WBC team's identity and effectiveness by incorporating a yearly review process of WBCs skillset and needs to identify CPD opportunities with a focus on improving case management and enhancing the support complex cases. Ensure CPD is fit for purpose and appropriate across the ESWE team, and if needed within the broader Housing staff.

Recommended action 2: Engage a systemic social work clinician on a consultancy basis to provide training, structure, and tools for team discussions, particularly focused on managing complex cases and understanding family and relationship dynamics.

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APPENDICES

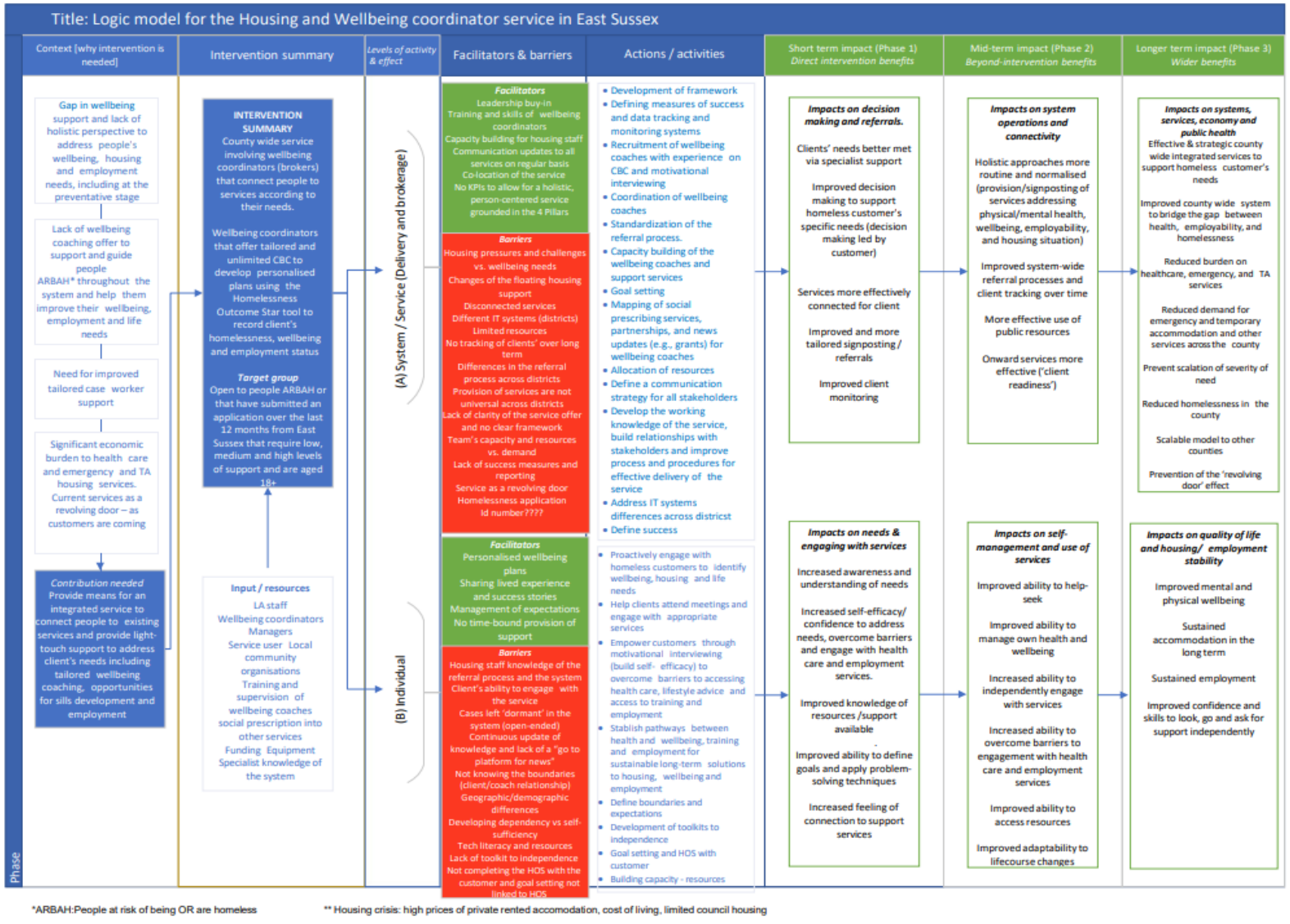
Annex A – ESWE Logic Model

Annex B – Customer Interview Topic Guide

Annex C – WBC Focus Group Topic Guide

Annex D – Stakeholder Focus Group Topic Guide

Annex A – ESWE Logic Model


Title: Logic model for the Housing and Wellbeing coordinator service in East Sussex
Context [why intervention is needed]
Intervention summary
Levels of activity & effect
Facilitators & barriers
Actions / activities
Short term impact (Phase 1) Direct intervention benefits
Mid-term impact (Phase 2) Beyond-intervention benefits
Longer term impact (Phase 3) Wider benefits
Phase
Gap in wellbeing support and lack of holistic perspective to address people's wellbeing, housing and employment needs, including at the preventative stage
Lack of wellbeing coaching offer to support and guide people ARBAH* throughout the system and help them improve their wellbeing, employment and life needs
Need for improved tailored case worker support
Significant economic burden to health care and emergency and TA housing services. Current services as a revolving door – as customers are coming
Contribution needed
Provide means for an integrated service to connect people to existing services and provide light-touch support to address client's needs including tailored wellbeing coaching, opportunities for sills development and employment
INTERVENTION SUMMARY
County wide service involving wellbeing coordinators (brokers) that connect people to services according to their needs.
Wellbeing coordinators that offer tailored and unlimited CBC to develop personalised plans using the Homelessness Outcome Star tool to record client's homelessness, wellbeing and employment status
Target group
Open to people ARBAH or that have submitted an application over the last 12 months from East Sussex that require low, medium and high levels of support and are aged 18+
Input / resources
LA staff
Wellbeing coordinators
Managers
Service user Local community organisations
Training and supervision of wellbeing coaches
social prescription into other services
Funding Equipment
Specialist knowledge of the system
(A) System / Service (Delivery and brokerage)
(B) Individual
Facilitators
Leadership buy-in
Training and skills of wellbeing coordinators
Capacity building for housing staff
Communication updates to all services on regular basis
Co-location of the service
No KPIs to allow for a holistic, person-centered service grounded in the 4 Pillars
Barriers
Housing pressures and challenges vs. wellbeing needs
Changes of the floating housing support
Disconnected services
Different IT systems (districts)
Limited resources
No tracking of clients' over long term
Differences in the referral process across districts
Provision of services are not universal across districts
Lack of clarity of the service offer and no clear framework
Team's capacity and resources vs. demand
Lack of success measures and reporting
Service as a revolving door
Homelessness application Id number????
Facilitators
Personalised wellbeing plans
Sharing lived experience and success stories
Management of expectations
No time-bound provision of support
Barriers
Housing staff knowledge of the referral process and the system
Client's ability to engage with the service
Cases left 'dormant' in the system (open-ended)
Continuous update of knowledge and lack of a "go to platform for news"
Not knowing the boundaries (client/coach relationship)
Geographic/demographic differences
Developing dependency vs self-sufficiency
Tech literacy and resources
Lack of toolkit to independence
Not completing the HOS with the customer and goal setting not linked to HOS
Development of framework
Defining measures of success and data tracking and monitoring systems
Recruitment of wellbeing coaches with experience on CBC and motivational interviewing
Coordination of wellbeing coaches
Standardization of the referral process.
Capacity building of the wellbeing coaches and support services
Goal setting
Mapping of social prescribing services, partnerships, and news updates (e.g., grants) for wellbeing coaches
Allocation of resources
Define a communication strategy for all stakeholders
Develop the working knowledge of the service, build relationships with stakeholders and improve process and procedures for effective delivery of the service
Address IT systems differences across districst
Define success
Proactively engage with homeless customers to identify wellbeing, housing and life needs
Help clients attend meetings and engage with appropriate services
Empower customers through motivational interviewing (build self- efficacy) to overcome barriers to accessing health care, lifestyle advice and access to training and employment
Stablish pathways between health and wellbeing, training and employment for sustainable long-term solutions to housing, wellbeing and employment
Define boundaries and expectations
Development of toolkits to independence
Goal setting and HOS with customer
Building capacity - resources
Impacts on decision making and referrals.
Clients' needs better met via specialist support
Improved decision making to support homeless customer's specific needs (decision making led by customer)
Services more effectively connected for client
Improved and more tailored signposting / referrals
Improved client monitoring
Impacts on needs & engaging with services
Increased awareness and understanding of needs
Increased self-efficacy/ confidence to address needs, overcome barriers and engage with health care and employment services.
Improved knowledge of resources /support available
Improved ability to define goals and apply problem-solving techniques
Increased feeling of connection to support services
Impacts on system operations and connectivity
Holistic approaches more routine and normalised (provision/signposting of services addressing physical/mental health, wellbeing, employability, and housing situation)
Improved system-wide referral processes and client tracking over time
More effective use of public resources
Onward services more effective ("client readiness")
Impacts on self-management and use of services
Improved ability to help-seek
Improved ability to manage own health and wellbeing
Increased ability to independently engage with services
Increased ability to overcome barriers to engagement with health care and employment services
Improved ability to access resources
Improved adaptability to lifecourse changes
Impacts on systems, services, economy and public health
Effective & strategic county wide integrated services to support homeless customer's needs
Improved county wide system to bridge the gap between health, employability, and homelessness
Reduced burden on healthcare, emergency, and TA services
Reduced demand for emergency and temporary accommodation and other services across the county
Prevent scalation of severity of need
Reduced homelessness in the county
Scalable model to other counties
Prevention of the 'revolving door' effect
Impacts on quality of life and housing/ employment stability
Improved mental and physical wellbeing
Sustained accommodation in the long term
Sustained employment
Improved confidence and skills to look, go and ask for support independently
*ARBAH:People at risk of being OR are homeless
** Housing crisis: high prices of private rented accomodation, cost of living, limited council housing

Annex B – Customer Interview Topic Guide

- How did you first make contact with the East Sussex Wellbeing and Employment Service *(note if person is not aware of the formal name of the ESWE service ask about services accessed for a starting point)?*

- If possible, could you tell me a bit more about what life was like for you then?

Probe: Sensitively introduce experience of risk issues, accommodation/temp stays with family/friends

- Did someone/or an organisation help you to access the service?

Probe: Who helped?

Probe: Awareness of 'referral' process

Probe: What was this like for you?

Probe: Preventative work with staff for people 'at risk'

- What happened after this first contact?

Probe: Who did you meet?

Probe: Did you meet a wellbeing coordinator?

- Did you have thoughts or ideas about the support you wanted?

Probe: What were these? Areas of need/support for specific things (practical/emotional)?

- Were you able to make a plan or discuss things to work on with a staff member (note this person may have been a Wellbeing Coordinator)?

Probe: Check goal setting/personalised wellbeing plan

Probe: Were you able to discuss things that were most important?

Probe: Check awareness of Housing Outcomes Star/HOS

Probe: Has the HOS been helpful?

- From your experience how easy is it to contact a wellbeing coordinator or other staff/people from the service?

- Can you tell me what your life is like now?

Probe: How would you describe your wellbeing?

- Have you been able to get all the support you have needed?
- If you wanted support now, would you be able to ask for it?

Probe: formal/informal support or networks before/after comparison

Probe: ability/confidence to get involved with other services

- Has the service changed how you manage your own health/wellbeing in anyway?

- Are there any ways you think the service could be better?

- From your experience, are there things about the service you have found to be especially helpful?

- *Invite any final comments. Give thanks.*

Annex C – WBC Focus Group Topic Guide

WBC Focus Group

Welcome and overview of today's group: purpose, facilitator(s) and group discussion format/etiquette. Description of PHIRST and PHIRST Light;

1. Can you please introduce yourself, including your role and a brief description of your experience of the ESWE Service (this may include primary areas you work within East Sussex, length in current post, career background)?

2. In your opinion what do you think are the core aspects of the ESWE Service?

(Probe uniqueness of the ESWE Service 'offer')

3. Can you describe the type of contact WBC's have with customers?

(Planned, unplanned, formal/informal, 'session'; in-person, phone, sms, email, what's app etc but also labels – 'person centred' 'holistic')

4. Can you share with the group your understanding of Motivational Interviewing?

(Probe: Have you undertaken formal training in Motivational Interviewing?)

5. Can you give some examples of how you have drawn on Motivational Interviewing in your work with ESWE customers?

(Facilitator probing of MI checklist – key MI components)

6. Thinking about ESWE Service customers, are there any other approaches/skills that WBC draw-on to support changes in attitudes and behaviour?

7. Drawing on what you have said, what do you think are the main skills and competencies of the WBC role?

(Facilitator probe – discussion of other skills/competencies/training – e.g., Transtheoretical Theory of Change used in Probation work, systemic practice etc)

8. Are there any other forms of behaviour change that you think could be used that currently are not?

(Probe: list/examples)

9. From today's discussion, what are the main points/priorities that the evaluation team need to capture?

(Probe: how we can do this, methods, marketing/comms)

10. Give thanks and last opportunity to comment/anything missing/next steps/engagement.

Annex D – Stakeholder Focus Group Topic Guide

Stakeholder Focus Group Topic Guide

1. Can you please introduce yourself, including your role and a brief description of your experience/awareness of the ESWE Service?

   (Probe: this may include primary areas you work within East Sussex, length in current post, career background)?

2. Can you describe what you think the core aspects of the ESWE Service are?

(Probe – uniqueness of the ESWE Service 'offer', what makes it different to other services, WBC role, joining up of Housing, who are the 'customers', profile of needs/level and complexity)

3. Are there any areas in East Sussex where the need for ESWE is greatest?

(Probe – why)

4. What do you think are the main skills WBCs use when working with customers?

(Probe behaviour change approaches, Motivation Interviewing, practical support, 'person centred' 'holistic' support – explore what this means in practice/real world examples?)

5. Can you describe the type(s) of contact WBCs have with customers?

(Probe – what might a typical contact look like with customers: Planned, unplanned, formal/informal, 'session'; in-person, phone, sms, email, what's app etc but also labels)

6. How important is supporting customer's behaviour change when delivering housing, employment and wellbeing services?

(Probe: use of techniques – test for Motivational Interviewing, other WBC skills, specific customer populations)

7. Thinking about the ESWE Service, can you describe your thoughts on outcomes that relate to the following areas (please feel free to use examples):
    a. Physical and mental health
    b. Social isolation
    c. Lifestyle and Behaviours
    d. Employability and upskilling

8. Are there any ways in which the service can achieve better value for money?
9. This evaluation will finish at the end of June – looking past this date can you suggest any challenges and enablers to the longer-term sustainability of ESWE?

10. Thank you for today's discussion. Please feel free to make any last comments and also suggest what you think are the main points/priorities that the evaluation team need to capture before the evaluation undertakes final reporting?

Annex E – Workshop Attendees (Sector/Role)

Organisational background information	Number of people
Adult Social Care - ESCC	5
BHT Sussex	1
Changing Futures Programme	2
Childrens Services - ESCC	2
ESWE	4
Employment Broker - ESCC	2
ESTAR - ESCC	1
Fellowship of St Nicholas	2
Housing - Eastbourne / Lewes Councils	1
Housing - Hastings Borough Council	2
Housing - Rother District Council	1
NHS - Sussex	1
Probation Service	2
Public Health - East Sussex County Council	2
Rough Sleeping Initiative	1
Southdown	1
PHIRST Light	3

Tables:

Table 1: Component work package and research questions.

Table 2: Methods used in the amended study design and primary and secondary research questions for each work package.

Table 3: Overview of qualitative results across each of the work packages.

Table 4: Costs and economic indicators for the ESWE

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